STATE OF CALIFORNIA

1. BUSINESS NAME "DOING BUSINESS AS" (DBA) NAME

Department of General Services, Procurement Division

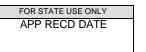
AFFILIATE INFORMATION (New 9/9/2004)

Office of Small Business and DVBE Certification (OSDC)

P.O. Box 989052

West Sacramento, CA 95798-9052

(916) 375-4940 • www.pd.dgs.ca.gov/smbus



OSDC REF # (CURRENTLY CERTIFIED FIRMS ONLY)

This supplemental form replaces Sections 5 and 6 of the "Small Business Certification Application" (STD. 813, REV. 1/2002). Please submit this completed form as an attachment to the STD. 813 (REV. 1/2002) or as directed by the OSDC.

All business relationships or "affiliations" must be reported and considered when determining new and ongoing small business certification eligibility. As a small business certification eligibility requirement, California law establishes a dollar maximum of \$10 million gross annual receipts (GARs) averaged over the three previous tax years and a limit of 100 employees or less. Manufacturers are only required to have 100 employees or less. The law also requires that all affiliate gross annual receipts (GARs) and numbers of employees be combined with that of the applicant small business' when calculating the average GARs and employee results. Therefore, if you have business affiliate relationships, their annual receipts and number of employees will be counted with yours to determine whether or not your firm falls within the GARs and employee eligibility requirements.

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|--|-----|----|---|-----|----|--|--|--|
| A. If your firm shares (or has shared) a common financial and/or business relationship with any other business during any one (or all) of the previous three tax years, you must disclose that information. The following questions will help you to identify "affiliate" relationships. Review each of the 8 questions and respond with a check mark in the appropriate yes or no column. | | | | | | | | |
| Does Your Firm Have: | Yes | No | Does Your Firm Have: | Yes | No | | | |
| 1. Shared office or warehouse facilities, equipment, systems, and/or employees with any other business? | | | Family ties with any other business that is engaged in a similar or commonly related business activity? | | | | | |
| Shared or common owners, officers, and/or directors with any other business? (Exclude investors without management or control.) | | | An arrangement with any other business to assign a contract, in whole or in part? (Exclude those with a public financial institution.) | | | | | |
| 3. A financial relationship, including loans and assistance to meet bond/security or credit requirements with any other business? (Exclude those with a public financial institution.) | | | 7. An agent/broker relationship under which your firm is authorized to transact business for, or manage/control the affairs of another firm or individual, or act for them under the contractual relationship of agency? | | | | | |
| A contractual relationship, including assignment or transfer of rights, responsibility or property with any other business? (Exclude those with a public financial | | | (For non-manufacturers only.) A business relationship in which your firm does not have the ability to transfer title to the goods being delivered? | | | | | |

2. AFFILIATE INFORMATION (All small businesses must report any and all affiliate business activity throughout their certification.)

B. If you answered "yes" to any of the questions above, you must complete the following section to identify each business that is related to your "yes" response(s). In addition, for each "affiliate" identified, you must provide a copy of that business' ENTIRE Federal tax return for each of the three most recent tax years (or, in the case of a new affiliation at least the most recent tax year). Additionally, if that business has any employees, you must provide a copy of their Quarterly Wage and Withholding Report (Form DE 6) covering the four most recently completed quarters as filed with the California Employment Development Department (EDD).

| Affiliate Name and Address | | | Ownership or relationship | Ownership | Affiliation Date | | Employee(s)? | | | |
|----------------------------|-------------------|------|---------------------------|-----------|------------------|---|--------------|-----|-----|----|
| | | 1000 | | | with affiliate | % | Start | End | Yes | No |
| 1 | Affiliate Name | | | | | | | | | |
| | Affiliate Address | City | State | Zip Code | | | | | | |
| 2 | Affiliate Name | | | | | | | | | |
| | Affiliate Address | City | State | Zip Code | | | | | | |
| 3 | Affiliate Name | | | | | | | | | |
| 3 | Affiliate Address | City | State | Zip Code | | | | | | |

C. If you believe affiliation does not exist with any firm listed above (see Title 2, California Code of Regulations, Section 1896.12(d)(7)), provide a signed statement with supporting documentation. If your business is a manufacturer's or service provider's representative, to rebut affiliation you must submit a copy of the written agreement between your business and the manufacturer or service provider which substantiates the independent nature of the individual businesses.

3. AUTHORIZING SIGNATURE (REQUIRED)

The signatory of this document must be the certified firm's owner (or officer in the case of a corporation) and as such, hereby certifies under penalty of perjury under the laws of the State of California that all information provided herein is truthful and accurate.

| OWNER'S/OFFICER'S SIGNATURE | DATE |
|-----------------------------|------|
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